

# Foster Family Home - Deficiency Report

Provider ID: 2-559198

Home Name: Joel Solmerin, CNA

Review ID: 2-559198-10

1700 Keone Street

Reviewer: Terri Van Houten

Hilo HI 96720

Begin Date: 10/4/2021

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced home inspection for 3 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 11/3/2021.

## Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) - Client #2: CCFFH did not have evidence that RN delegations had been signed by CG#2 or CG#4. Client ##3: CCFFH did not have evidence that RN delegations had been signed by CG#4

## 3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) Fire - CCFFH did not have evidence that CG#2, CG#3 or CG#4 had conducted a fire drill in the last 12 months.

## Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

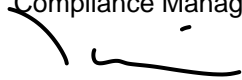
Comment:

54.(c)(5) - CCFFH last documented on MAR for client #2 on 10/1/21. One medication was not transcribed onto the October MAR for client #2

54.(c)(6) - CCFFH last documented on ADL Flowsheet for client #1 on 10/1/21



Compliance Manager



Primary Care Giver

10/4/21

Date

10/4/21

Date

CTA RN Compliance Manager: Terri Van Houten RN,CM

**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Joel R Solmerin  
(PLEASE PRINT)

CCFFH Address: 1700 Keone St. Hilo, HI 96720  
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
43.c.3	RN delegations was done and signed by CG#2 & CG#4 in a timely manner but did not have copies. █CG has obtained copies from CM,RN and placed to client's binder.	10/11/21	CCFFH will make sure to make a copy of RN delegations and file it to client's binder immediately after delegations has been done and signed.
3P.b.6	Deficiency cannot be corrected.	10/11/21	CCFFH will use wall calendar & mobile reminder app to schedule all caregivers to conduct fire drills. Will also notify all █CG's a week before the schedule.
54.c.5	Deficiency cannot be corrected.	10/11/21	CCFFH will ensure that all caregivers will document on MAR immediately right when medications has been administered. Will check nightly.
54.c.5	█CG transcribed the medication on 10/5/21 onto client #2 MAR. █CG notified CM,RN to update MAR on 10/5/21.	10/5/21	CCFFH will make sure that all new medications ordered by MD will be added to the MAR and notify CM,RN immediately after each appointment.
54.c.6	Deficiency cannot be corrected.	10/11/21	CCFFH will ensure that all caregivers will document daily on ADL flowsheet immediately after care has been provided. Will check nightly.

All items that were fixed are attached to this CAP

PCG's Signature:  Date: 10/29/21

CTA has reviewed all corrected items